

CLAIMS ONLY

BEST AVAILABLE COPY

Application Number

10/049,404

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1		1			
8		1				
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50						
Total indep	4		4			
Total depend	17		17			
Total claims	21		21			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total indep						
Total Depend						
Total Claims						